



Leisure Travel Services (LTS)

842 Sumner Road

Carlisle, PA 17013

245-4048 or 245-3309

USAWC NYC TRIP

GROUP SHOW TICKET REQUEST FORM

Process will be as follows:

1. Determine # of tickets needed
2. 1 POC of the group make a request with LTS office
3. LTS will request ticketing from vendor
4. Once confirmed availability from vendor LTS will contact POC and confirm details (seat location/costs/payment due date)
5. Once tickets are paid in full (non-refundable) LTS will process payment to vendor
6. Group POC will be contacted to pick up tickets at LTS office

Date Order Placed: _____

Name of Requestor (POC): _____

Phone/E-mail address: _____

Seminar #: _____

SHOW TICKETS REQUESTED:

Name of Show: _____

Date of Show: _____ # Tickets/seats: _____

Seat Location Requested (circle one): Orchestra First Mezzanine Rear Mezzanine

Other (explain) _____

Name of Show: _____

Date of Show: _____ # Tickets/seats: _____

Seat Location Requested (circle one): Orchestra First Mezzanine Rear Mezzanine

Other (explain) _____

Please note: Payment for tickets in full is required by deadline given. Tickets will not be purchased or confirmed until after group has paid for tickets.

There will be no refunds.



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USAWC NYC TRIP
INDIVIDUAL
DINNER CRUISE/MTV REQUEST FORM

Date Order Placed: _____

Name of Requestor (POC): _____

Phone/E-mail address: _____

Seminar #: _____

DINNER CRUISE REQUESTED: YES NO
(PLEASE CIRCLE ONE)

Dinner Cruise Seats: _____

Cost per Dinner Cruise: \$94 Total Dinner Cruise Cost: _____

MILITARY TRAVEL VOUCHERS REQUESTED: YES NO
(PLEASE CIRCLE ONE)

Available: Gray Line, City Pass, Madam Toussauds, Circle Line Harbor Tours, Statue of Liberty,
On Location Tours. Please see included costs and descriptions.

Kind of Voucher: _____
(Please list activity by name or code according to pricing sheet)

Reservation Date: _____
(Please include reservation date/time requested, see description page to determine if this is necessary)

Adults: _____ Cost per Adult: _____ Total Voucher Cost: _____

Kind of Voucher: _____
(Please list activity by name or code according to pricing sheet)

Reservation Date: _____
(Please include reservation date/time requested, see description page to determine if this is necessary)

Adults: _____ Cost per Adult: _____ Total Voucher Cost: _____

-over-

USAWC NYC TRIP
INDIVIDUAL

DINNER CRUISE/MTV REQUEST FORM

Kind of Voucher: _____

(Please list activity by name or code according to pricing sheet)

Reservation Date: _____

(Please include reservation date/time requested, see description page to determine if this is necessary)

Adults: _____ Cost per Adult: _____ Total Voucher Cost: _____

TOTAL DINNER CRUISE COSTS: _____

TOTAL MTV COSTS: _____

TOTAL TO BE PAID: _____ DATE PAID: _____

Payment Method (circle one): Check Cash Visa Mastercard

Checks are made payable to: IMWRF Check #: _____

Credit Card #: _____ Expiration date: _____

Dinner Cruise & MTV Requests. Those orders that are placed in the office will be processed and individuals will either receive immediate reservations/MTV's or those requiring reservations will be called when MTV is fully prepared and ready to pick up at the office. Those orders that are emailed to the office will be processed and individuals will be contacted when reservations/MTV's have been fully prepared and are ready to pick up at the office.

Please note: Payment for tickets in full is required a the time order is placed.
There will be no refunds.

